



RECREATION BUREAU PART TIME EMPLOYMENT APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	EMAIL ADDRESS
POSITION DESIRED	LOCATION PREFERENCE	HOME TELEPHONE	CELL PHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
DAYS & TIMES AVAILABLE			DATE YOU CAN START
CONDITION OF HEALTH	DO YOU HAVE A RELATIVE WORKING FOR RECREATION AND PARKS <input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION

	NAME OF SCHOOL	DATES ATTENDED	DEGREE RECEIVED	MAJOR SUBJECT
COLLEGE				
HIGH SCHOOL				

EMPLOYMENT / VOLUNTEER HISTORY *(Begin with the most recent and work backwards)*

NAME OF EMPLOYER	POSITION	POINT OF CONTACT		DATES (FROM / TO)
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
REASON FOR LEAVING	PAY RATE	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER
NAME OF EMPLOYER	POSITION	POINT OF CONTACT		DATES (FROM / TO)
STREET ADDRESS	CITY	STATE	ZIP CODE	TELEPHONE
REASON FOR LEAVING	PAY RATE	<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER

REFERENCES *(List two people who we may contact)*

NAME OF REFERENCE	PROFESSION	DAYTIME TELEPHONE	EVENING TELEPHONE

RECREATION EXPERIENCE *(State fully your recreation experience and your involvement with clubs and teams)*

NAME OF ORGANIZATION	DATES OF INVOLVEMENT	ACTIVITY

ACTIVITIES *(List and describe the activities you have experience leading)*

<input type="checkbox"/> SPORTS	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> WATER SAFETY	<input type="checkbox"/> OUTDOOR
<input type="checkbox"/> DANCE	<input type="checkbox"/> ART / DRAMA	<input type="checkbox"/> LIFEGUARD	<input type="checkbox"/> OTHER RECREATION

DESCRIBE EXPERIENCE _____

I authorize Recreation & Parks to investigate all information in this application. If any misrepresentation has been made herein, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn. I understand that if I am employed, my employment may be terminated immediately. Further, I understand that if I am hired as a Director or Senior Staff member at a Summer Activity Center or Day Camp, I will be required to complete First Aid and CPR training.

APPLICANT'S SIGNATURE _____	PARENT / GUARDIAN'S SIGNATURE (if under 18) _____	DATE _____
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